



# Summer Sunshine Registration



## Student Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*Please note that all correspondence will be sent to this address.*

Child is living with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (relationship: \_\_\_\_\_)

Special Concerns/Medical Concerns/Allergies: \_\_\_\_\_

## Program Information

Please check the appropriate box(es):

**Summer  
Sunshine is open  
to Newington  
Resident Children  
Ages 3 & 4**

**Hours:  
9 a.m. - 2 p.m.**

**Extended Care:  
8 a.m. - 9 a.m.**

Week:	ID:	Program Dates:	Extended Care:	Office Use:
<b>Week 1</b>	<input type="checkbox"/> <b>8191</b>	Monday and Wednesday, June 25, 27	<input type="checkbox"/> <b>8192</b> Extended Care	
	<input type="checkbox"/> <b>8193</b>	Tuesday and Thursday, June 26, 28	<input type="checkbox"/> <b>8194</b> Extended Care	
<b>Week 2*</b>	<input type="checkbox"/> <b>8195</b>	Mon., Tues. and Thurs., July 2, 3, 5	<input type="checkbox"/> <b>8196</b> Extended Care	
<b>Week 3</b>	<input type="checkbox"/> <b>8197</b>	Monday and Wednesday, July 9, 11	<input type="checkbox"/> <b>8198</b> Extended Care	
	<input type="checkbox"/> <b>8199</b>	Tuesday and Thursday, July 10, 12	<input type="checkbox"/> <b>8200</b> Extended Care	
<b>Week 4</b>	<input type="checkbox"/> <b>8201</b>	Monday and Wednesday, July 16, 18	<input type="checkbox"/> <b>8202</b> Extended Care	
	<input type="checkbox"/> <b>8203</b>	Tuesday and Thursday, July 17, 19	<input type="checkbox"/> <b>8204</b> Extended Care	
<b>Week 5</b>	<input type="checkbox"/> <b>8205</b>	Monday and Wednesday, July 23, 25	<input type="checkbox"/> <b>8206</b> Extended Care	
	<input type="checkbox"/> <b>8207</b>	Tuesday and Thursday, July 24, 26	<input type="checkbox"/> <b>8208</b> Extended Care	
<b>Week 6</b>	<input type="checkbox"/> <b>8209</b>	Monday and Wednesday, July 30, Aug. 1	<input type="checkbox"/> <b>8210</b> Extended Care	
	<input type="checkbox"/> <b>8211</b>	Tuesday and Thursday, July 31, Aug. 2	<input type="checkbox"/> <b>8212</b> Extended Care	
<b>*Please note that Week 2 is a three-day program (no program 7/4).</b>				

## Program Fees and Extended Care Fees

### Program Fees:

- Two Days per week: **\$60 each week**
- Four Days per week: **\$100 each week**
- **Week 2 (three days): \$80**
- **Four Days per week (three days during Week 2) for all 6 weeks: \$500\***

\* To be eligible for the discounted rate, you must register and pay for all 6 weeks at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

### Extended Care (8-9 a.m.) Fees:

- Two Days per week: **\$12 each week**
- Four Days per week: **\$22 each week**
- **Week 2 (three days): \$17**
- **Four Days per week (three days during Week 2) for all 6 weeks: \$115\***

\* To be eligible for the discounted rate, you must register and pay for all 6 weeks of extended care at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

## Payment Information

**Please Circle Payment Method:** Cash Check Visa Mastercard Discover Debit

Checks Payable To: Newington Parks & Recreation (131 Cedar Street, Newington, CT 06111)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Security Code (on back of card) # \_\_\_\_\_

Signature for Credit Card Use: \_\_\_\_\_ Date: \_\_\_\_\_

**Total Amount Due:**  
\$ \_\_\_\_\_

## **Parent Information**

**Parent #1 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent #1 Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent #1 Business Address:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent #2 Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent #2 Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent #2 Business Address:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

## **Emergency Contact Information**

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to remove the child from the program and to make decisions regarding medical treatment in case a parent/guardian cannot be reached.

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

## **Pick-Up Authorization**

I hereby authorize the three individuals named below to pick up my child from the Newington Parks & Recreation Department's Summer Sunshine Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parent/guardian has permission to make changes to the people named below. Parent/guardian must be included on this release (both parents/guardians may be included), and a total of three authorized persons must be listed.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## **Liability Releases:**

### **Assumption of Liability:**

Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, brochures, pamphlets, and/or flyers.

**Emergency Medical and Surgical Treatment Release:** The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following: Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routing diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

I agree with both of the release statements above.

\_\_\_\_\_  
**Parent #1 Signature**

\_\_\_\_\_  
**Parent #2 Signature\* (optional)**

\_\_\_\_\_  
**Date**

*\*Only the parent(s) signing this form is/are authorized to make changes on this form, including adding/removing authorized pick-ups.  
All changes must be made in person at the Parks and Recreation office.*